

MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation

**OATH REGARDING SIGNATURE ON CHECK**

STATE OF MAINE COUNTY OF \_\_\_\_\_ SS

I, \_\_\_\_\_ (Date of Birth) \_\_\_\_\_  
Social Security No. \_\_\_\_\_ of (city or town) \_\_\_\_\_ of  
the county of \_\_\_\_\_ in the State of Maine, after being duly sworn, depose  
and say, that my name appears on Check No. \_\_\_\_\_, issued by the Maine  
Department of Labor, Bureau of Unemployment Compensation, on \_\_\_\_\_ in the  
amount of \$ \_\_\_\_\_ was not signed by me and that I neither authorized nor  
consented for any other person to sign my name to this check. I reported this forgery  
to \_\_\_\_\_ Police Department on (date) \_\_\_\_\_.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

**SAMPLE SIGNATURES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MAINE COUNTY OF \_\_\_\_\_ SS

After being duly administered the oath, \_\_\_\_\_  
swore before me that the foregoing statement is the truth and signed this document in my presence.

\_\_\_\_\_  
(Law Enforcement Agency or Notary Public)

Complaint Number \_\_\_\_\_

FOR OFFICE USE ONLY	